

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042948

5621

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Registration District No.

1002

Registrar's No.

FILED NOV 16 1962

VS 300
Rev. 4/591
238982

3

4 0

5 1

6

7 1

8 0

91538

10

11

1276-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN KANSAS CITY, MISSOURI

Length of stay in 1b

20 years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION VA HOSPITAL, KC, MO.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY

JACKSON

c. CITY

OR

TOWN KANSAS CITY, MO.

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS
7420 E Gregory Circle

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

LLOYD

Middle

WALDO

Last

STEBBINS

4. DATE
OF
DEATH

Month

Day

Year

NOV.

3.

1962

5. SEX

MALE

6. COLOR OR RACE

Cauc.

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

10/14/97

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

DENTAL TECH.

10b. KIND OF BUSINESS OR INDUSTRY

DENTAL TECH.

11. BIRTHPLACE (City and state or country)

NEWTON, KANSAS

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Pearl D Stebbins

13b. MOTHER'S MAIDEN NAME

Dora Bryring

14. NAME OF HUSBAND OR WIFE

Ethel Stebbins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

2/2/18 to 2/2/19

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

VA Hospital Records

18. CAUSE OF DEATH (Enter only one cause per line

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CARCINOMA OF COLON WITH WIDESPREAD METASTASES

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. Attended the deceased from 10/25/62 to 11/3/62

Death occurred at 9:30 PM 11/3/62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. H. Owings, M.D.

22b. ADDRESS

VA Hospital, K. C. Mo.

22c. DATE SIGNED

11-4-62

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

23b. DATE

Nov. 7, 1962

23c. NAME OF CEMETERY OR CREMATORY

Floral Hills Cem.

23d. LOCATION (City, town, or county)

Kan. City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Geo. C. Carson & Sons-Indep. Missouri

25. DATE RECD. BY LOCAL REG.

11-5-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. T. Brownell

Licensed Embalmer No. 4904

P. O. Address

K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.